

JUL 19 1988

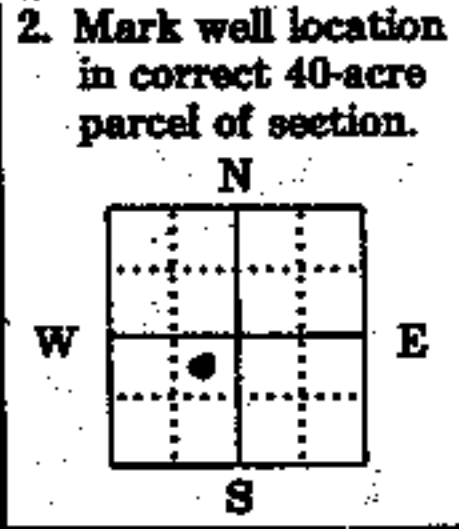
State of Wisconsin
Department of Natural Resources
Private Water Supply - WS/2
Box 7921
Madison, WI 53707

First Water Quality Test For WISCONSIN UNIQUE WELL NUMBER AZ 846

Property Owner Tom Markowski Telephone Number 414 529-3079
 Mailing Address 10105 W Cold Springs Apt. 209
 City Greenfield State Wis. Zip Code 53228
 County Crawford County Well Location Permit No. W Well Completion Date 06/29/88

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of Greenfield FREEMAN
 Grid or Street Address or Road Name and Number (if available)
 Subdivision Name _____ Lot # _____ Block # _____

Well Constructor (Business Name) Coyrian Well Drilling Registration # 75
 Address 501 E. Oak
 City Boscobel State Wis. Zip Code 53805



Gov't Lot # _____ or NE 1/4 of SW 1/4 of Section 19; T 10 N; R 5 E W

3. Well Type New
 Replacement Reconstruction/Rehabilitation
 of well constructed in 19 _____
 Reason for new, reconstructed, replaced, or rehabilitated well?
 Drilled Driven Point Jetted Other _____

4. Well serves 1 trailer of homes and/or _____
 (ex: barn, restaurant, church, school, industry, etc.)
 High Capacity Well? Yes No
 High Capacity Property? Yes No

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill _____ 2. Building Overhang _____ 3. Septic or Holding Tank _____
 4. Sewage Absorption Unit _____ 5. Nonconforming Pit _____ 6. Buried Home Heating Oil Tank _____
 7. Buried Petroleum Tank _____ 8. Shoreline/Swimming Pool _____
 9. Downspout/Yard Hydrant _____ 10. Privy _____ 11. Foundation Drain to Clearwater _____
 12. Foundation Drain to Sewer _____ 13. Building Drain _____
 Cast Iron or Plastic Other _____
 14. Building Sewer Gravity Pressure _____
 Cast Iron or Plastic Other _____
 15. Collector Sewer _____ 16. Clearwater Sump _____
 17. Wastewater Sump _____ 18. Paved Animal Barn Pen _____
 19. Animal Yard or Shelter _____ 20. Silo - Type _____
 21. Barn Gutter _____ 22. Manure Pipe Gravity Pressure
 Cast Iron or Plastic Other _____
 23. Other Manure Storage _____
 Other NR 112 Waste Source _____
 24. _____

6. Drillhole Dimensions			Method of constructing upper enlarged drillhole. (If applicable ✓ more than one.)
Dia. (in.)	From (ft.)	To (ft.)	
10	surface	63	<input type="checkbox"/> 1. Rotary - Mud Circulation <input checked="" type="checkbox"/> 2. Rotary - Air <input type="checkbox"/> 3. Rotary - Foam <input type="checkbox"/> 4. Reverse Rotary <input type="checkbox"/> 5. Cable-tool Bit _____ in. dia. <input type="checkbox"/> 6. Temp. Outer Casing <u>10</u> in. dia. Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ <input type="checkbox"/> 7. Other _____
6	63	120	

9. Type, Caving/Noncaving, Color, Hardness, Etc.	Geology	
	From (ft.)	To (ft.)
<u>silt</u>	surface	22
<u>soft shale</u>	22	53
<u>hard slab</u>	53	120

7. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification Mfg. & Method of Assembly	From (ft.)	To (ft.)
6	New black Steel Plain End	surface	63
	CACASTMA-53-A		
	6x21 #18.97		
Dia. (in.)	screen type and material	From	To

10. Static Water Level _____ ft. above ground level
52 ft. below ground surface
 11. Pump Test
 Pumping Level 61 ft. below surface
 Pumping at 7 GPM for 2 hours
 12. Well Is:
 Above Grade
 Below Grade
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material			
Method	Kind of Sealing Material	From (ft.)	To (ft.)
<u>france</u>	<u>Neat cement</u>	surface	63
			Sacks Cement <u>18</u>

13. Were all unused, noncomplying, or unsafe wells properly filled with sealant?
 Yes No If no, explain _____
 14. Signature of Well Constructor Michael D. Beinborn MDB Date Signed 7/17/88
 Signature of Drill Rig Operator Michael D. Beinborn MDB Date Signed 7/17/88